



Dignity Health.

St. Rose Dominican
Siena Campus

myEasyMatch: [REDACTED]

Exciting News!

You may have received a statement and noticed some changes. Dignity Health is excited to announce the roll out of our new patient friendly account portal. If you have received a statement containing a "myEasyMatch" code above, you will be able to make a One Time Payment or Register your account on the new site: www.DignityHealth.org/billpay

SUMMARY OF SERVICES

STATEMENT DATE: 05-25-2019
PATIENT NAME: BRANSON, LUCY K
GUARANTOR NAME: MICHAEL BRANSON
WID #: [REDACTED]



TOTAL CHARGES

\$1,732.00



INSURANCE PAYMENTS AND ADJUSTMENTS

\$0.00



YOUR PAYMENTS AND DISCOUNTS

\$0.00

Scan the QR code to the left to access our website and pay your bill online!

PAYMENT OPTIONS



BILLING QUESTIONS?

PLEASE CALL:

(800) 644-0864

Office Hours: Mon.-Thur. 7:00am-10:00pm, Fri. 7:00am-6:00pm, Sat.-Sun. 8:00am-4:00pm

AMOUNT DUE UPON RECEIPT

\$1,732.00

WAYS TO PAY:



www.DignityHealth.org/billpay



(800) 644-0864



By mail, return stub below

Account Number

Patient Name

Date Of Service

Total Charges

Ins Payments & Adjustments

Patient Payments & Discounts

Amount Owed

BRANSON, L

04-27-2019

\$1,732.00

\$0.00

\$0.00

\$1,732.00

Thank you for choosing St Rose Dominican - Siena for your health care needs. This statement reflects charges for services you have received from us, including any payments that you and your insurance provider have made.

Proof of Insurance Requested

If you have not provided Dignity Health with proof of your insurance coverage for the charges identified in this bill, it is important that we receive information regarding any insurance coverage or other source of payment for your bill, including government-sponsored health care programs or liability insurance. For additional important information, please see the reverse side of this bill.

Dignity Health's Financial Assistance Policy

If you need help paying your bill, you may qualify for financial assistance, including free care, a discount, or a payment plan under Dignity Health's Financial Assistance Policy. For additional information about Dignity Health's Financial Assistance Policy, please see the reverse side of this bill.

▼ Detach Lower Portion and Return with Payment ▼

UNDELIVERABLE MAIL ONLY
14141 SOUTHWEST FREEWAY
SUITE 300
SUGARLAND, TX 77478

If there is new insurance information, change of address, or errors, please contact us at (800) 644-0864

GUARANTOR NAME

BRANSON, LUCY K

WID NUMBER

AMOUNT DUE \$1,732.00

DUE DATE

6/14/2019

PAYMENT ENCLOSED



WAYS TO PAY...



Scan the QR Code at left



Call (800) 644-0864



Visit www.DignityHealth.org/billpay

By mail, return this portion with payment

Make check payable and remit payment to:

ST ROSE DOMINICAN - SIENA
PO BOX 57125
LOS ANGELES, CA 90074-7125

*Raleen (sp?)
6/11/19
requested
itemized bill*

PEDIATRIX MEDICAL GROUP



Phone: 877-511-2296
 Fax: 616-954-2800
 Website: www.mymedicalme.com
 Hours: Mon - Fri | 8:00am - 10:00pm Eastern
 Sat | 9:00am - 2:00pm Eastern

page 1 of 2

ID Number

Name

Statement Date

Statement Number

MICHAEL BRANSON

6/05/2019

1

PLEASE SEE PAGE 2 FOR IMPORTANT INFORMATION

Please review the charge detail listed on the following page(s) of this statement. If you have insurance that is not listed or is incorrect, please contact us so that we can update our records.

This statement contains services rendered by PEDIATRIX MEDICAL GROUP.

Statement Summary

		Total Payoff	Min Due
Accounts on Payment Plans	(0)	\$0.00	\$0.00
Accounts Not on Payment Plans	(1)	\$926.98	\$926.98
TOTAL MIN AMOUNT DUE*			
7/04/2019			\$926.98



PLEASE SEE FOLLOWING PAGE(S) FOR ACCOUNT DETAIL

Payment Options

We gladly accept checks and the following major credit cards:



Pay Online or Using our App

- www.mymedicalme.com
- App: MyMedicalMe



Pay by Mail

- Include your "ID Number" on your check
- Make checks payable to:
PEDIATRIX MEDICAL GROUP
- Include payment stub below in envelope provided



Pay by Phone

- Call toll free: 877-511-2296

Fee Disclosures: Please note payment is due in full by the due date listed. Your account is not currently in default. Monthly service fees may be assessed after the due date for your balance that is not paid in full. Service fees are waived for auto-debit payment plans. Late fees may apply. Please see the detailed account information on subsequent pages and the "Payment Assistance" section below for more information. If payment is returned for any reason, a \$25.00 fee will be added to your account. Fees are subject to change without notice.

***Payment Assistance:** If you are unable to pay accounts not on payment plans in full, you must contact us toll free at 877-511-2296 to establish terms of a payment plan. Minimal fees may apply. Service fees are waived for auto-debit payment plans. Reasonable monthly payment plans can be arranged, but we must receive communication from you to establish terms. A servicing agent may contact you directly if full payment or payment plan arrangements are not made within the 30-day grace period.

DETACH HERE AND RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

PEDIATRIX MEDICAL GROUP
 PO BOX 120153
 GRAND RAPIDS MI 49528-0103

ID Number

Statement Number

Min Amt Due

Due Date

Amt Enclosed

\$926.98

7/04/2019

Phone: 877-511-2296

Hours: Mon - Fri | 8:00am - 10:00pm Eastern; Sat | 9:00am - 2:00pm Eastern

MAKE CHECK PAYABLE & REMIT TO:

PEDIATRIX MEDICAL GROUP
 PO BOX 88087
 CHICAGO IL 60680-1087

Accounts Not on Payment Plans:

• **Account Number:** [REDACTED] - **charges associated with account:**

Note: This account is current and is due on 7/04/2019. A monthly \$5.00 service fee will be assessed every 30 days from the original statement date until all balances are paid in full. Fees are waived for auto-debit payment plans.

Date of Srvc:	4/27/2019	Orig Balance:	844.00
Patient:	LUCY BRANSON	Pmts/Adj/Fees:	-168.80
Procedure:	30300: REMOVAL FOREIGN BODY,INT	Charge Payoff:	675.20
Location:	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS: MICHAEL S ZBIEGIEN		
Insurance 1:	UNITED HEALTHCARE - [REDACTED]		

History Detail	Date	Description	Pmts/Adj/Fees
	5/24/2019	MANAGED CARE	-168.80

Date of Srvc:	4/27/2019	Orig Balance:	314.73
Patient:	LUCY BRANSON	Pmts/Adj/Fees:	-62.95
Procedure:	99282.25: E/R INITIAL CONSULT 90	Charge Payoff:	251.78
Location:	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS: MICHAEL S ZBIEGIEN		
Insurance 1:	UNITED HEALTHCARE - [REDACTED]		

History Detail	Date	Description	Pmts/Adj/Fees
	5/24/2019	MANAGED CARE	-62.95

Total Account Payoff:	926.98
Min Amt Due:	926.98
unless a payment plan is established	

* called 6/11/19
 * "standard pricing" - split billing -

- in network
~~adjustment to 22.48~~
 - both adjusted ^{insurance} - not going to make payments
 - maybe can get a discount

"they" code it - ^{Pediatric Med. Group} coding department goes over records and prices are set

Candey

half (?) - w/in 20 days

463.49 due
 7/1

A

ST ROSE DOMINICAN SIENA
3001 ST ROSE PKWY
HENDERSON, NV
877 877-8345
FEI # [REDACTED]

PAGE NO.
1

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
CYCLE	05/01/19	
OUTP.		

H	O	PATIENT NAME	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		BRANSON, LUCY	F		04/27/19		

GUARANTOR NAME AND ADDRESS	C.O.B	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
MICHAEL BRANSON [REDACTED]	1	UNITED HEALTHCARE		[REDACTED]
		ZBIEGIEN, MICHAEL		

AMOUNT OF PAYMENT \$

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS								
04/27	001ER BED NC	60000874						
04/27	001REM FB/SKN LE	60001096	589.00	589.00				
04/27	001ER LEVEL 2 W	60001740	1143.00	1143.00				
	BALANCE FORWARD		0.00					
	SUMMARY OF CURRENT CHARGES EMERGENCY DEPT.		1732.00	1732.00				
	SUB-TOTAL OF CURR. CHARGES		1732.00	1732.00				
	ACC DATE:	TYPE: N	TIME:	PLACE:	EMPL REL:			
TOTALS			1732.00	1732.00				

PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.

PAY THIS AMOUNT

ST ROSE DOMINICAN SIENA
HENDERSON, NV

This is
Not A Bill